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Bib Data Sheet

CONFIRMATION NO. 8381

<b>SERIAL NUMBER</b> 09/935,126	<b>FILING DATE</b> 08/21/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 09999-515	
<b>APPLICANTS</b> Lee E. Goldstein, Marblehead, MA; Leo T. Chylack JR., Duxbury, MA; Ashley Ian Bush, Somerville, MA;					
<b>** CONTINUING DATA *****</b> <i>B.R.</i> THIS APPLN CLAIMS BENEFIT OF 60/226,590 08/21/2000					
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE B.R.</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> ** 09/27/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met - <i>Allowance</i> Verified and <i>bs/akhi/ky</i> Acknowledged <i>h.k.</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> <del>35</del> 36	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> MINTZ, LEVIN, COHN, FERRIS GLOVSKY and POPEO, P.C. One Financial Center Boston, MA 02111					
<b>TITLE</b> Methods for diagnosing a neurodegenerative condition					
<b>FILING FEE RECEIVED</b> 577	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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